



The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health
Electronic Surveillance System



A Time for Thanks...Thank you!

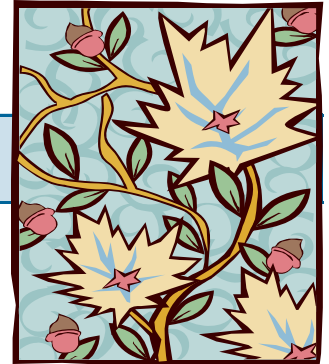
Autumn in its beautiful colors is flourishing in all its glory. The festive ghoulies, ghostys and goblins have come and gone and now it is a time to give thanks. This issue of the CHESS Club for providers is dedicated to You. A special thanks, to you, our providers for adopting CHESS! The use of CHESS improves disease surveillance and encourages faster reporting. With each disease report you submit through CHESS you bring us one step closer to achieving our ultimate goal...superior disease reporting and response throughout the state.

The CARES IR/CHESS training team is still here to support you with all of your CHESS needs. We are your resource for assisting you with technical issues, adding new users and providing you with additional training for new users.

Assistance is just a phone call away...1-800-917-2093

MRSA...What' it all about?

Don't miss "MRSA Infections" an informative article by Dr. Shirly Jankelevich, Medical Epidemiologist.



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New CHESS Users...Welcome!

Let's give a warm welcome to our newest
CHESS Users.

See the [CHESS Live Map](#) on pages 3 and 4
for locations.

Who do you call with questions on how to use CHESS?
The CHESS Help Desk of Course!!!
CHESS Help Line 1-800-917-2093

Answers to your questions are just a phone call away. Call the **CHESS Help Desk** at **1-800-917-2093**.

A member of the training team will be delighted to assist you! So don't forget you have support just a phone call away...



Your CARES IR/CHESS Training Team



Denise Brown
CARES IR/CHESS
Instructor Training
Coordinator

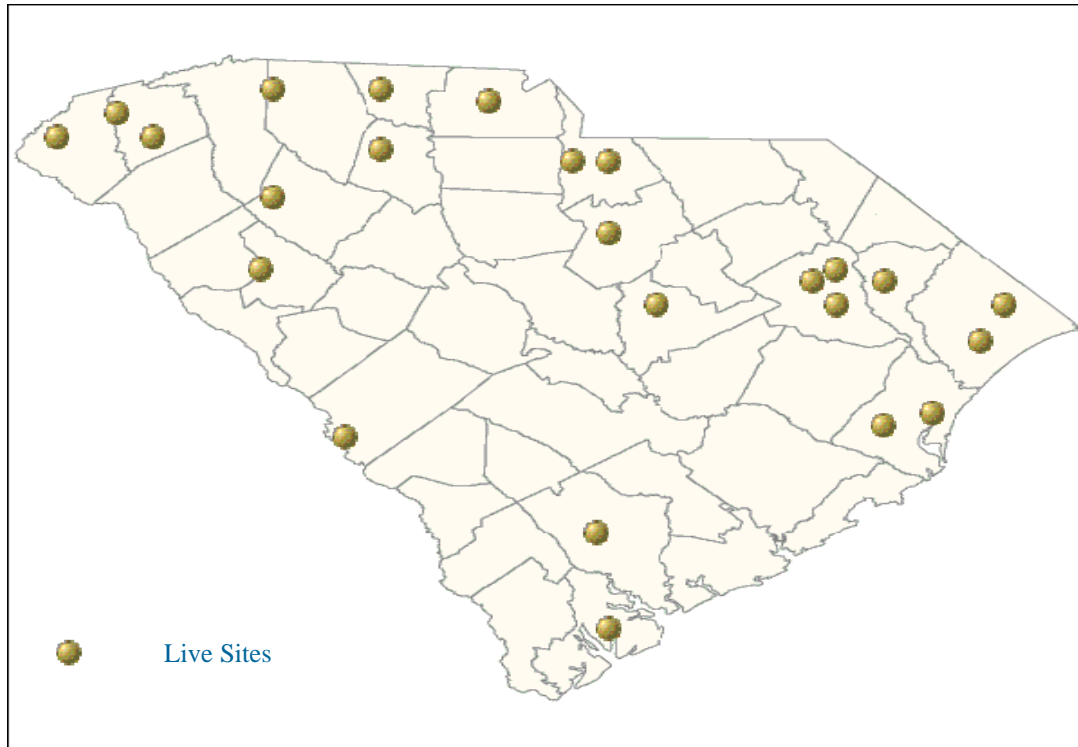
Laura Silman
CARES IR/CHESS
Instructor Training Coordinator

Lisa Still
CARES IR/CHESS
Training and Development
Director



CHESS Live Around the State...

CHESS Provider Deployment



New CHESS Users...Welcome!

Let's give a cheer and a warm welcome to Debbie Hockensmith, Sharon Wine and their teams from Georgetown Memorial Hospital and Waccamaw Community Hospital Lab! And we can't forget our newest users from Shaw Air Force Base...SSgt. Tiffany McPhail and her team are ready to start flying high with CHESS. We are delighted you are now part of our disease reporting CHESS family.

CHESS deployments to hospitals and medical facilities are moving forward each month!

The CARES IR/CHESS training team has been out promoting CHESS in the regions. A special thanks to all our Regional Coordinators for their dedicated efforts to in the deployment of CHESS and to improve disease reporting statewide!!!!!!



CHESS LIVE—Complete Listing of Providers

CHESS Provider Deployment

The deployment of CHESS to hospitals and medical facilities is advancing each day! Currently there are 25 health care facilities actively using CHESS.

CHESS is LIVE at:

- ♦ **Aiken Regional Medical Ctr.**
- ♦ **AnMed Health**
- ♦ **Cannon Memorial Hospital**
- ♦ **Carolina Infectious Disease and Critical Care Associates**
- ♦ **Carolinas Hospital System**
- ♦ **Colleton Hospital**
- ♦ **Conway Hospital**
- ♦ **Georgetown Memorial Hospital**
- ♦ **Kershaw County Medical Ctr.**
- ♦ **Lake City Memorial Hospital**
- ♦ **Laurens County Hospital**
- ♦ **Loris Community Hospital**
- ♦ **Marion County Medical Center**
- ♦ **New Day Family Practice**
- ♦ **Oconee Memorial Hospital**
- ♦ **Palmetto Baptist Easley**
- ♦ **Paris Island Preventive Medicine**
- ♦ **Pee Dee Family Practice**
- ♦ **Spartanburg Regional Medical Ctr.**
- ♦ **Self Memorial Hospital**
- ♦ **Shaw Airforce Base**
- ♦ **Upstate Carolina Medical Ctr.**
- ♦ **Waccamaw Community Hospital**
- ♦ **Wallace Thompson Hospital**
- ♦ **Winthrop University Health Ctr.**



MRSA Infections

Article By: Dr. Shirley Jankelevich, Medical Epidemiologist

Community infections due to *S. aureus* have historically been caused by methicillin-sensitive *S. aureus*, while the majority of hospital infections due to *S. aureus* have caused by methicillin-resistant strains. However, since the 1990's, MRSA isolates that have a different antibiotic susceptibility pattern than that of hospital-associated MRSA (HA-MRSA) are becoming a more frequent cause of community-acquired staphylococcal infections. Furthermore, the community-acquired-MRSA (CA-MRSA) isolates are causing infections within the hospital setting.

CA-MRSA infections are usually limited to skin and soft tissue but occasionally may be invasive and fatal. CA-MRSA infections usually present as folliculitis, pustular lesions and furuncles/ carbuncles and abscesses. Many lesions are often initially mistaken for spider bites. Invasive infections can involve any organ system or tissue and may be necrotizing. In the community, CA-MRSA causes outbreaks of infection in persons who tend to have increased contact personal contact with others along with decreased personal hygiene.

CA-MRSA isolates have a significantly different antibiotic resistance pattern from HA-MRSA. The most important difference is that CA-MRSA isolates are not susceptible to beta-lactam antibiotics such as amoxicillin, oxacillin and cephalosporins. However, CA-MRSA isolates are often susceptible to several non-beta-lactam antibiotics that include vancomycin, clindamycin, doxycycline, gentamycin, and trimethoprim-sulfamethoxazole (TMP/ SMX) and occasionally macrolides. For all serious infections due to *S. aureus*, isolates should routinely be tested for susceptibility to macrolides, clindamycin, and trimethoprim-sulfamethazole in addition to beta-lactam antibiotics. In addition, if clindamycin is to be used for treatment, the clindamycin-inducible resistance test, also known as the D-test, should be performed in the laboratory on isolates that are reported by the laboratory to be resistant to erythromycin but susceptible to clindamycin. Treatment failures with clindamycin have occurred with MRSA isolates that possess clindamycin-inducible resistance.

Infection control measures for CA-MRSA are the same as for hospital-associated MRSA. There is no official guidance regarding decolonization procedures for persons who are colonized with CA-MRSA.

Laboratory reporting of all bloodstream infections due to MRSA has been added to the DHEC List of Reportable Diseases for 2008. In addition, all outbreaks of MRSA, whether regardless of setting, should be reported to DHEC. DHEC will provide guidance regarding infection control.

Additional information

MRSA

<http://www.scdhec.gov/health/disease/acute/mrsa.htm>

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_clinicians.html

http://www.cdc.gov/ncidod/dhqp/ar_mrsa.html

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html

<http://www.scdhec.com/health/disease/docs/EpiNotesfall05.pdf>.

Infection Control

<http://www.cdc.gov/ncidod/dhqp/guidelines.html>

<http://www.cdc.gov/ncidod/dhqp/index.html>



By the Numbers—South Carolina 2007 so far

Condition	Confirmed	Probable	Total
Animal Bite—PEP Recommended	307		307
Aseptic meningitis	78	1	79
Brucellosis	2		2
Campylobacteriosis	216	1	217
Ciguatera fish poisoning	1		1
Cryptosporidiosis	59		59
Cyclosporiasis	1		1
Dengue Fever	1	1	2
Ehrlichiosis- human granulocytic	1		1
Ehrlichiosis- human monocytic	1	2	3
Ehrlichiosis- human- other&unspec	1	1	2
Encephalitis- West Nile	1		1
Enterohem. E.coli O157:H7	7		7
Enterohem.E.coli shigatox+- ?serogrp			
Enterohem.E.coli- shigatox+- non-O157	1		1
Giardiasis	96		96
Group A Streptococcus- invasive	82		82
Group B Streptococcus- invasive	30		30
Haemophilus influenzae- invasive	40		40
Hemolytic uremic synd- postdiarrheal	1		1
Hepatitis A- acute	13		13
Hepatitis B- acute	59	1	60
Hepatitis B virus infection—Chronic	184	306	490
Hepatitis B virus infection—Perinatal			
Hepatitis C- acute			
Hepatitis C Virus Infection- past or present	3249	430	3679
Hepatitis Delta co- or super-infection- acute			
Hepatitis E- acute	1		1
Influenza- human isolates	65		65
Legionellosis	16		16
Listeriosis	8		8
Lyme disease	23	1	24
Malaria	6		6
Mumps	1		1
Neisseria meningitidis- invasive (Mening. disease)	15		15
Pertussis	49	10	59
Rocky Mountain spotted fever	15	50	65
S. aureus, vancomycin intermediate susc (VISA)	2		2
Salmonellosis	916	5	921
Shiga toxin-producing Escherichia coli (STEC)	11	1	12
Shigellosis	141	12	153
Strep pneumoniae- invasive	262		262
Streptococcal disease- invasive- other	7		7
Tetanus			
Toxic-shock syndrome- staphylococcal			
Varicella (Chickenpox)	512	385	897
Vibrio parahaemolyticus	1		1
Vibrio spp.- non-toxigenic- other or unspecified	5		5
Vibrio vulnificus infection	2		2
West Nile Fever	1	1	2
Yersiniosis	5	1	6

The Bulletin Board

Save the Date

Members of the CARES IR/CHESS training team will be attending the **South Carolina Academy of Family Physicians 59th Annual Assembly** being held on Hilton Head Island, SC

Thursday, November 8

Friday, November 9

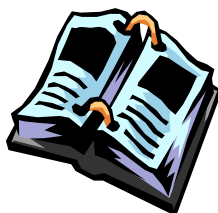
Saturday, November 10

The training team will also be attending the **27th Annual School Nurse Conference** being held in North Charleston, SC

Thursday, November 15

Friday, November 15

It will be an opportunity to meet the CARES IR/CHESS training team and ask the trainers questions.



Are you hosting an event? Are there any events you would like to see posted? Is there an event you would like the CARES IR/CHESS training team to attend?

If so, please send event information to

Lisa Still,

at stillla@dhec.sc.gov

Or the

CHESS/CARES IR Help Desk at

1-800-917-2093

We look forward to hearing from you!

Keep In Touch!

Your input is important to us!!! So please call us with your comments and suggestions. Don't forget we here to support your CHESS use. If you have a questions, your CARES IR/CHESS training team is only a phone call away.

Ring the Help Desk Line at **1-800-917-2093**.



HAPPY CHESSING!

